

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

DOCKET NO: 1:05-CR-10204-GAO

UNITED STATES OF AMERICA

v.

PAUL HICKS

THE DEFENDANT'S MOTION TO APPEAL IN FORMA PAUPERIS

The defendant, Paul Hicks, moves this court to issue an ORDER allowing him to appeal all adverse rulings of this court in Forma Pauperis. In support thereof the defendant asserts the following:

1. The defendant has been previously deemed indigent.
2. The defendant is currently serving a three hundred and sixty month sentence.
3. The defendant has been incarcerated since arraignment.
4. The defendant is completely indigent without funds to pay for the costs of an appeal including unpaid legal fees.
5. The defendant has signed and attached the mandated affidavit of indigency.
6. This court previously allowed a motion by counsel for the defendant to withdraw and appoint appellate counsel.

CONCLUSION

Counsel respectfully moves this court to allow the motion.

By his attorney,

/s/ Joseph F. Krowski Jr.
JOSEPH F. KROWSKI JR.
30 Cottage Street
Brockton, MA. 02301
508-584-2555

Dated: July 19, 2007

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 05-10204
Appeal No. 07-2037

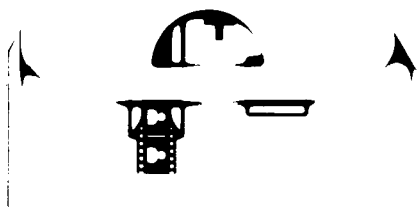
United States
v.
Paul Hicks

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>Paul Hicks</u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>7/18/07</u></p>

My issues on appeal are: *All adverse findings and rulings made against the Defendant during pretrial motions, trial, and sentencing*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>



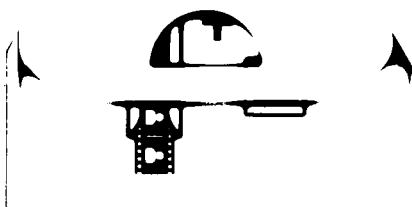
Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Alimony	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Child support	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Unemployment payments	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Total Monthly income:	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
Motford Construction	Randolph MA.	2001-2002	Approximately \$1500.00
none	NA	NA	NA
none	NA	NA	NA

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA



4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>None</u>	<u>NA</u>	\$ <u>0</u>	\$ <u>0</u>
<u>none</u>	<u>NA</u>	\$ <u>0</u>	\$ <u>0</u>
<u>none</u>	<u>NA</u>	\$ <u>0</u>	\$ <u>0</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

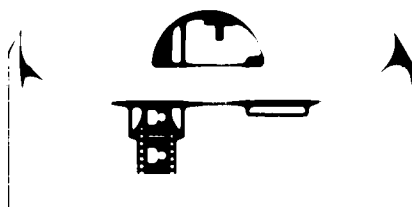
Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>0 none</u>	<u>0 none</u>	Make & year: <u>0 none</u>
		Model: _____
		Registration#: _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>0 none</u>	<u>0</u>	<u>0</u>
Model: _____		
Registration#: _____		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>0 none</u>	<u>0</u>	<u>0</u>
<u>none</u>	<u>0</u>	<u>0</u>
<u>none</u>	<u>0</u>	<u>0</u>

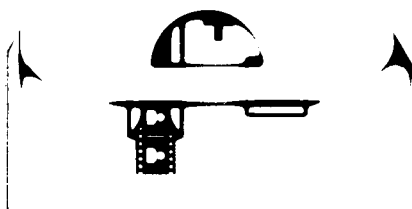
7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>0 none</u>	<u>NA</u>	<u>NA</u>
<u>none</u>	<u>NA</u>	<u>NA</u>
<u>none</u>	<u>NA</u>	<u>NA</u>



8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>0</u>	\$ <u>NA</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>0</u>	\$ <u>NA</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>NA</u>
Food	\$ <u>0</u>	\$ <u>NA</u>
Clothing	\$ <u>0</u>	\$ <u>NA</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>0</u>	\$ <u>NA</u>
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ <u>NA</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	\$ <u>NA</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>NA</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>NA</u>
Life	\$ <u>0</u>	\$ <u>NA</u>
Health	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Installment payments	\$ <u>0</u>	\$ <u>NA</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>NA</u>
Credit card (name): <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Department store (name): <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Other: <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>



Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>NA</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>NA</u>
Other (specify): <u>0</u>	\$ <u>0</u>	\$ <u>NA</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>NA</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ 0

If yes, state the attorney's name, address, and telephone number:

NA

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

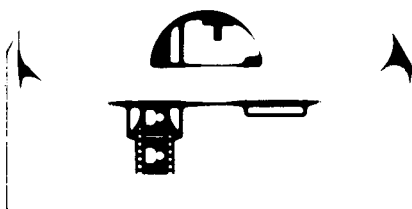
☐ Yes ☒ No

If yes, how much? \$ 0

If yes, state the person's name, address, and telephone number:

NA

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

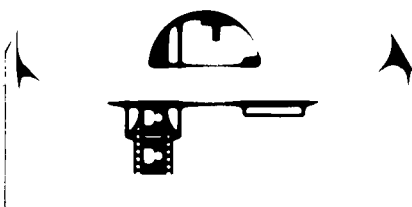


13. State the address of your legal residence.

Federal Bureau Prison

Your daytime phone number: () NA

Your age: 34 Your years of schooling: 12



AFFIDAVIT

NAME Paul Hicks

I, Paul Hicks, do hereby swear and depose the following to be true:

1. I was incarcerated at MCI Cedar Junction
from July 05 - July 2007
2. For past 1 1/2 year I did not have any canteen
funds.
3. My Lawyer has requested my inmate funds
records several times, for
4. As of this Date they have not provided us
with the records

Signed under the pains and penalties of perjury.

Paul Hicks
SIGNATURE

7/18/07
DATE

